

**PLAN RECOMMENDATION**

(Under Wis. Stats. s. 23.33 (13)(e), 961.472, or 350.11 (3)(d))

Name - Client	Birthdate (mm/dd/yyyy)	Case Number
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On the basis of my assessment concerning this client's use of ☐ alcohol ☐ other drugs, and / or ☐ controlled substances, I recommend:

- ☐ Treatment not recommended - Remarks: \_\_\_\_\_
- ☐ Outpatient treatment - Describe regimen and duration: \_\_\_\_\_
- ☐ Inpatient treatment or residential treatment - Describe regimen and duration: \_\_\_\_\_
- ☐ Medical exam ☐ Psychiatric exam ☐ Detoxification ☐ Transitional living ☐ Day care treatment ☐ Other
- Explain need and describe regimen and duration: \_\_\_\_\_

The recommended treatment plan period may extend until: \_\_\_\_\_

The court or its agent will be notified if the client fails to comply with the order.

Copies of this report are going to the staff of the county department under s. 51.42; the referring court and / or the probation agent; the recommended plan provider of choice, and the client.

Name - Provider	City	Telephone Number
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I understand the recommendations made above and agree to comply. I have been informed as to the fee provisions under par. 46.03 (18)(f) or (fm), Wisconsin Statutes, for assessment and treatment plan costs. I agree to set an appointment with my chosen plan provider within 72 hours unless a court order is required. I further understand that if I fail to comply with the assessment or treatment plan for a motorized recreational vehicle (MRV) violation, the court may instigate contempt of court proceedings. If I fail to comply with assessment or any treatment plan to which I agree and the court orders for a Controlled Substance violation, I understand that the court will consider revision of my sentence.

Release of information expires: \_\_\_\_\_

<b>SIGNATURE</b> - Client		Date Signed (mm/dd/yyyy)
<b>SIGNATURE</b> - Consenting Treatment Facility (optional for controlled substance chapter violations)		Date Signed (mm/dd/yyyy)
<b>SIGNATURE</b> - Assessor	Title / Certification	Date Signed (mm/dd/yyyy)

Distribution: Original - Court  
Client  
Plan provider  
Probation agency  
Assessment facility / 51.42 staff